

09/857333

ISSUE SLIP STAPLE AREA (for additional cross references)

PORTION	INITIALS	ID NO.	DATE
FEE D. TERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
= Allowed I Interference
- (Through numeral) Canceled A Appeal
+ Restricted O Objected

Claim	Date
Final	
Original	
1	✓
2	✓
3	✓
4	✓
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50	✓

Claim	Date
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Claim	Date
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